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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|--|
| Application Number | 10/563,854 |
| Filing Date | June 9, 2006 |
| First Named Inventor | Eul Joon YOON |
| Title | Growth method for nitride semiconductor epitaxial layers |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 504478.new |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

27128

☐ I hereby appoint Practitioner(s) named below as my/our attorneys or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

| Practitioner(s) Name | Registration Number |
|----------------------|---------------------|
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Please recognize or change the correspondence address for the above-identified application to:

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OR

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27128

OR

| | | | |
|--|---------------------------------|-------|--------------|
| <input type="checkbox"/> Firm or Individual Name | Husch Blackwell Sanders LLP | | |
| Address | 190 Carondelet Plaza, Suite 600 | | |
| City | St. Louis | State | MO Zip 63105 |
| Country | US | | |
| Telephone | Email | | |

I am the:

☐ Applicant/Inventor.
OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|--|-----------|--|
| Signature | <i>[Handwritten Signature]</i> | Date | |
| Name | Jim-Ho JEO | Telephone | |
| Title and Company | CEO of Seoul National University Industry Foundation | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.